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AUTHOR Nyangoni, Betty; Sullivan, Otha Richard
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ABSTRACT

The pupil personnel worker's role in assessing learning disabled students is examined. The functions of the evaluation team are delineated, as are individual roles of the school psychologist, classroom teacher, educational assessor, social worker, school counselor, attendance officer, and speech and language pathologist. Contents of the report are covered. The interdisciplinary team's role in interpreting evaluation data for a placement decision is considered. An eight level model for assessment, diagnosis, and placement is charted. (CL)

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THE ROLE OF PUPIL PERSONNEL WORKERS IN THE ASSESSMENT OF LEARNING DISABILITIES

by
Betty Nyangoni, Ph.D. Chief Attendance Officer
and

Otha Richard Sullivan, Ed. D.
Ombudsman, District of Columbia Public School

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Public Law 94-142 addresses the requirement of having formal nondiscriminatory identification, screening and diagnostic evaluation of all students requiring special education and related services. The assessment of children and youth suspected of being handicapped must be made by an interdisciplinary team. The team is generally composed of the teacher, counselor, school psychologist, school social worker, parent and other individuals who work with the child. The purpose of this interdisciplinary team is to ensure that the assessment, screening and diagnostic evaluation are comprehensive and nondiscriminatory. The team is responsible for identifying which diagnostic category best describes the child's problem and which educational program is appropriate for the child. In this role, Pupil Personnel workers play an important role in the assessment, identification and diagnosis of children and youth. Counselors, attendance officers, school psychologists and school social workers share in the screening and diagnostic evaluation.

One handicapping condition which has received considerable attention since the passage of P.L. 94-142 is Learning Disabilities. A learning disabled child or youth is identified by a child study team committee, based upon a comprehensive evaluation by a school psychologist or certified psychologist or certified consulting psychologist or an evaluation by a neurologist, or equivalent medical examiner qualified to evaluate neurological dysfunction, and other pertinent information, as having all of the following characteristics:

(a) Disorder in 1 or more of the basic psychological processes involved in understanding or in using spoken or written language, which disorder may manifest itself in imperfect ability to listen, think, speak, read, write, spell or do mathematical calculation.

(b) Manifestation of symptoms characterized by diagnostic labels such as perceptual handicap, brain injury, minimal brain dysfunction, dyslexia or aphasia.

(c) Development of less than the expected rate of age group in the cognitive, affective or psychomotor domains.

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(d) Inability to function in regular education without supportive education services.

(e) Unsatisfactory performance not found to be based on social, economic or cultural background.

The purpose of any educational program for a learning disabled child is to develop, ameliorate and or compensate for those deficit skills in the cognitive, affective and psychomotor domains so that the child will be able to be educated in the least restrictive environment. Particular attention is given to the development of a specific program to help the child in cognitive, affective and psychomotor domains.

In assessing a child who is suspected of being learning disabled, it is important to have an evaluation which is based on a comprehensive review an assessment of all data pertinent to the child and his/her environment. Diagnosis should be made by persons representing several different professions, i.e., medical personnel, psychologist, social workers, school psychologists, educational assessors, teacher and speech and hearing specialists.

Specific areas of the comprehensive evaluation must include the following:

1. Observation in school and home
2. Psychological data regarding the intellectual ability and emotional data
3. Academic evaluation
4. Demonstrated efforts or strategies to intervene in ameliorating learning problems, in the classroom, by the counselor, social worker, school psychologist and other agency support workers
5. Medical data to determine (a) central nervous dysfunction, (b) sensory acuity problems and (c) physical disabilities and/or health problems.
6. Speech and language screening
7. Social history to determine the social, cultural and/or economic factors which may have influence on the learning problems
8. An adaptive behavior assessment of attention span, hyperactivity, and distractibility and

In the first stage of the assessment, observations should be made by the teacher, social worker and school psychologist. The purpose of these observations is to determine how the child relates to (1) other children in the classroom, (2) interacts with the family and (3) persons in the community. This team should meet to have a pre-interdisciplinary team meeting to share what their perceptions are about the child's ability in the cognitive, affective and psychomotor areas.

In this information gathering process, the evaluation team should obtain information regarding the child's home life. This can be done by the social worker who will collect information by:

- reviewing the child's school records
- holding interviews with parents
- observing the child in a classroom setting.

Although school records provide considerable information on the child, this information can be minimal and often nondetailed consequently, social workers and other members of the assessment team should hold an interview with the parent in the home or the school. This information needs to be considered in the overall assessment which leads to some decision on the child.

This article will present the role of the interdisciplinary team of Pupil Personnel Service workers and medical team in the assessment of children and youth suspected of being learning disabled.

School Psychologist

The role of the school psychologist as a pupil personnel worker is critical in the assessment of the child's emotional and intellectual status. To determine the specific learning disability, school psychologists are concerned about using instruments which will present some specific information on the rate of growth in the affective, cognitive and psychomotor domains. The school psychologist then is interested in administering tests of specific skills related to academic achievement to achieve this, the school psychologist must have available the tests which meet the following guidelines of P.L. 94-142:

- The tests are validated for the specific purpose for which they are used.

- The tests and other evaluation materials include those tailored to assess specific areas of educational need and not merely those which are designed to provide a single general intelligence quotients.

- The tests are selected and administered so as best to ensure that when a test is administered to a student with impaired sensory, manual, or speaking skills, the test results accurately reflect the student's aptitude or achievement level or whatever other factors the test purports to measure, rather than reflecting the student's impaired sensory, manual, or speaking skills (except where those skills are the factors which the test purports to measure.

School psychologists should be aware that a qualitative assessment is more important and relevant than a quantitative assessment. Quantitative tests do not provide adequate information of the child's functioning in perceptual areas. Specific diagnostic tests for learning disabled may include but are not limited to the following:

- Illinois Test of Psycholinguistic Abilities
- Detroit Tests of Learning Aptitudes
- Bender Visual Motor Gestalt Test
- Developmental Test of Visual Motor Integration
- Frostig Developmental Tests of Visual Perception
- Northwestern Synthax Screening Test

Diagnostic Achievement Tests may include

- Wide Range Achievement Test
- Peabody Individual Achievement Test
- Vineland Social Maturity Scale

In making an assessment of the child's emotional and intellectual status, the school psychologist gathers information from three sources: observation, standardized tests and case history information. The school psychologist's report should not be the sole basis for identifying a child as learning disabled. This information must be considered with other assessment data from teachers, medical and non-medical personnel.

Opthalmological Assessment

Two types of examinations which are often overlooked in the assessment are the Opthalmological and Optometric examination. The Opthalmologist can provide important information on the neurophysiological functioning of the eye and information on operative intervention.

Classroom Teacher

The classroom teacher must present to the interdisciplinary team of support personnel initial developmental data on the level of cognitive, affective and psychomotor functioning of the child. Specific records should include the following:

- the current performance of the child
- specific interventive strategies attempted at the local school
- specific informal and formal test data
- physical appearance
- movement
- attention
- interpersonal relationships

The classroom teacher helps the team in understanding the child's behavior in the classroom.

Educational Assessor

The educational evaluation of a child is important in assessing the child suspected of having learning disabilities. This evaluation is often completed by a teacher who has professional preparation and experience in working with exceptional children. The following areas should be included in the educational assessment:

- visual perception and discrimination
- gross and fine motor coordination
- reading
- arithmetic
- auditory perception
- oral expressive language

The educational assessor or specialist should be highly trained in administering and interpreting educational tests. This information is helpful to the school psychologist and other team members in getting a clear picture of the educational level of the child.

Social Worker

The role of the school social worker is vital in the assessment of children suspected of being learning disabled. As a school social worker he/she has specific skills in serving as a liaison between the school, home and community. The social worker may be the first person who contacts the family. Social workers may function in the following ways:

1. Write a social history
2. Write a developmental history
3. Assessment of the child and family
4. Elicit information on how does the child relate to his/her environment -
5. Serve as liaison with the family -
6. Prov[illegible] interpretation of assessment data to parents
7. Provid[illegible] information to the interdisciplinary team on the child and family
8. Relate with community agencies - i.e., medical, social,
9. Hold a diagnostic family interview
10. Make an evaluation of how the child relates to the community and peers -
11. Assist parents in dealing with social, emotional, and health problems of the child
12. Assist in parent counseling and maintain a therapeutic relationship with the child.

Social workers may also be called upon to assist in intervention programs for the child. The work of the social worker is important in gathering information on the child which provides a background of understanding the problem. The social case history is shared with the team of specialists and provides essential information gathered from observation, school records and parent interviews.

The School Counselor

The role of the school counselor is generally responsible for the coordination of the school team. Specific responsibilities include the following:

- Reviews and presents comprehensive school information
- Presents information and observations on cases presented by team members
- provides counseling sessions to students
- Meets with various pupil personnel services workers to discuss cases.

The Attendance Officer

The attendance officer supports the efforts of the team by performing the following activities:

- Reviews cases of chronic absenteeism
- Presents the attandance problem to the team
- Follows attendance throughout assessment to placement
- Makes recommendations regarding attendance.

When a child is referred to pupil personnel services for suspected learning disability there should be, as in all referrals, specific information on pre-referral strategies used by the teachers, counselors, school psychologists, social workers and other workers to deal with the problem at the school level. This information should include specific data on (1) behavior and academic performance observed (2) what adjustments were suggested and made to provide support to the child in the regular classroom setting (3) what evaluations were made of student progress and (4) what interventions did or did not work. The team should be prepared to discuss his/her perceptions of the child's functioning in the cognitive, affective and psychomotor areas.

Parents need to be involved in this input stage of the assessment. They should be encouraged to share their preference of an educational program with the team. Parents will frequently suggest some strategies which may be helpful to the interdisciplinary team.

Physical and Medical Examinations

Realizing the importance of an up-to-date physical examination, it is important to have a comprehensive medical examination for children suspected of being learning disabled. This information is helpful to the interdisciplinary team in obtaining a picture of the general health of the child. A Neurological examination by a qualified physician who has had experience in understanding the problems of learning disabled children is helpful in assessing the neurological functioning. This examination is important in identifying areas of neurological dysfunction.

The social worker can play an important role as the liaison between parents and doctors. He or she may assist parents in making and keeping appointments. Reports may also be routed to the social worker for case members of the interdisciplinary team.

Speech and Hearing Assessment

A thorough evaluation of speech and hearing is important in understanding the child. This evaluation is generally performed by a speech and language pathologist and an audiologist. The primary purpose of these examinations is to determine the level of the child's speech and language usage. Information is important in knowing the degree to which the child understands and interprets what he hears. It is also important to know if the child understands spoken language. The work of the speech and language pathologist and an audiologist is significant in understanding if the child has disorders or inabilities in the speech and language area which affect reading.

Writing the Report

In the identification phase of a learning disabled child the interdisciplinary team prepares a written report of the results of the comprehensive evaluation. This report must include a statement of:

a. Whether the student has a specific learning disability;
b. The basis for making the determination;
c. The relevant behavior noted during the observation of the student;
d. The relationship of that behavior to the student's academic functioning;
e. The educationally relevant medical findings, if any;
f. Whether there is a severe discrepancy between achievement and ability which is not correctable without special education and related services;

g. The determination of the team concerning the effects of environmental, cultural, or economic disadvantage;
h. Each team member shall certify in writing whether the report reflects his or her conclusion. If it does not reflect his or her conclusion, that team member must submit a separate statement.

Interdisciplinary Team's Role in Placement

The interdisciplinary team of pupil personnel workers, parents and special education personnel is essential in the overall interpretation of evaluation data which lends to a placement decision. In interpreting evaluation data, special attention must be given to the following guidelines:

- The evaluation information is from a variety of sources, including aptitude and achievement tests, teacher recommendations, physical condition, social or cultural background, and adaptive behavior;
- Information obtained from all these sources is documented and carefully considered;
- The placement decision is made by a group of persons, including persons knowledgeable about the student, the meaning of the evaluation data and the placement options; and
- The placement decision is made in conformity with the least restrictive environment rules.

Model for Assessment, Diagnosis and Placement*

LEVEL	STEPS/TASKS	PERSONNEL
Building/Regional	Referral Conference	School personnel Parents
	Forward referral documentation including Form #205	
I	Referral Intake	Intake Supervisor
	Review case Assign Case Manager Assign Case Team	
II	Psycho-social Educational Assessment	Case Manager Case Team
	Administer tests Score tests Interpret test data	Psychologists Social Workers Educational Assessors Career Assessors
	Prepare case report Prepare recommendations	Administrative Specialists Nurses Speech/Language Therapists
III	Review case report	Center Director Intake Supervisor
	Approve or reject case report Prepare final report	Case Manager Clerical Staff Placement Specialist/Disability Specialist

LEVEL	STEPS/TASKS	PERSONNEL
IV	Child Study Team Meeting	Case Manager Placement Specialist
	Determine eligibility based on criteria for Special Education	Case Team
V	INELIGIBLE	
	Parent Conference	Parent Case Manager
	Inform parent of ineligibility	Clerical Staff
	Referral Return	
	Return case report including programmatic recommendations to referral agent	
	ELIGIBLE	
	IEP Conference	Case Manager Case Team
	Write IEP	IEP Coordinator Parent
	Determine Program	Disability Specialist/Placement Specialist Student (where appropriate) Classroom Teacher
VI	Placement Decision	Placement Specialist Case Manager
	Determine placement in Special Education Program/Facility	Special Education Program Administrator

LEVEL	STEPS/TASKS	PERSONNEL
VII	Placement Review Review placement decision Disburse case data to appropriate recipients: Referral agent Receiving School/Program Special Education Central Office Regional Office Transportation Unit	Center Director Placement Coordinator Clerical Staff

*Mrs. Doris Rhodes, Director of the District of Columbia Public Schools' Child Study Center developed this model for Assessment, Diagnosis and Placement.

The assessment of perceptually handicapped and learning disabled children is a complicated task. Due to this difficulty in assessment, it is important that a highly trained interdisciplinary team be involved in a comprehensive evaluation. Pupil Personnel workers are vital in this process. Their work is generally the initial data which are collected and shared with other team members.